

HandiVan Application
(To be completed by applicant)

GENERAL INFORMATION

Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Birthdate: _____ Social Security #: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

APPLICANT'S CERTIFICATION:

Please indicate the reasons why you are seeking ADA paratransit eligibility (check all that apply):

_____ I can use accessible, fixed-route city buses to go some places but in certain circumstances I cannot use accessible, fixed-route city buses.

_____ Because of my disability I can never use the accessible, fixed-route city buses.

I understand that the purpose of this evaluation form is to determine if there are times when I cannot use the accessible, fixed-route city bus service provided by StarTran and must therefore use the HandiVan service. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being reviewed as well as other possible actions by StarTran.

Applicant's signature: _____

Date: _____

1. What type or types of disabilities prevent you from using the accessible, fixed-route city bus service? (Check all that apply).

General Medical Condition

- ☐ None
- ☐ Cancer Treatment
- ☐ Diabetes
- ☐ Dialysis
- ☐ Other (describe) _____

Bone and Joint Condition

- ☐ None
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Amputation of _____
- ☐ Broken bones (specify) _____
- ☐ Other (describe) _____

Brain/Nerves/Muscle Condition

- ☐ None
- ☐ Alzheimer's Disease
- ☐ Brain Injury
- ☐ Cerebral Palsy
- ☐ Confusion
- ☐ Dementia
- ☐ Epilepsy
- ☐ Multiple Sclerosis
- ☐ Paraplegia
- ☐ Parkinson's Disease
- ☐ Post-polio
- ☐ Quadriplegia
- ☐ Stroke
- ☐ Other (describe) _____

Heart and Circulatory Condition

- ☐ None
- ☐ Edema
- ☐ Heart Disease
- ☐ Other (describe) _____

Lung and Breathing Condition

- ☐ None
- ☐ Asthma
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Emphysema
- ☐ Lung Cancer
- ☐ Other (describe) _____

Vision/Hearing/Speech Condition

- ☐ None
- ☐ Deaf
- ☐ Deaf-Blind
- ☐ Diabetic Retinopathy
- ☐ Glaucoma
- ☐ Hard of Hearing
- ☐ Legally Blind
- ☐ Night Blindness
- ☐ Non-Verbal
- ☐ Other (describe) _____

Developmental or Mental Condition

- ☐ None
- ☐ Developmental Disability
 - ☐ Mild
 - ☐ Moderate
 - ☐ Severe
- ☐ Mental Retardation
 - ☐ Mild
 - ☐ Moderate
 - ☐ Severe
- ☐ Autism
- ☐ Downs Syndrome
- ☐ Mood Disorder
- ☐ Psychosis
- ☐ Other (describe) _____

Please describe your medical condition/disability in more detail: _____

2. Is the medical condition/disability temporary or permanent?

- ☐ permanent
- ☐ temporary; I expect it to last _____
- ☐ I don't know

3. Does your health condition/disability change from time to time in ways which affect your ability to use an accessible, fixed-route city bus?

- ☐ no
- ☐ yes (describe) _____

4. Please indicate if you use any of the following mobility aids or equipment. (Check all that apply.)

- ☐ cane
- ☐ crutches

☐ leg braces
☐ walker
☐ alphabet/picture board
☐ portable oxygen
☐ power scooter/cart
☐ power wheelchair
☐ manual wheelchair
☐ service animal
☐ other (describe) _____

5. Do you require the assistance of a Personal Care Attendant (PCA) (someone who assists you with daily life functions) when traveling within the City?

☐ no
☐ yes

6. Have you ever used the accessible, fixed-route city bus service?

☐ yes, I use the accessible, fixed-route city bus service
about _____ times a week
☐ yes, I did in the past but have stopped because _____
☐ no

7. Is there something that might help you to ride the accessible, fixed-route city buses? (Check all that apply.)

☐ yes, route and schedule information
☐ yes, learning to use the accessible buses
☐ yes, a communication aid
☐ yes, if bus stops were closer to where I live or to where I need to go
☐ yes (describe) _____
☐ no, none of these would help

8. Can you ask for and follow written or oral instructions to use the accessible, fixed-route city buses?

☐ yes
☐ no
☐ sometimes
☐ I don't know because I have never tried to use the accessible bus service

If no or sometimes, please check all that apply.

☐ I get too confused and might get lost
☐ Other people cannot understand me
☐ I probably could with instruction
☐ other (describe) _____

9. Are you able to get to and from bus stops on your own?

- ☐ yes
- ☐ no
- ☐ sometimes
- ☐ I don't know because I have never tried

If no or sometimes, please check all that apply.

- ☐ I can't get places if there are no curb cuts
- ☐ I can't if the street or sidewalk is too steep
- ☐ I cannot cross busy streets or intersections
- ☐ I cannot travel outside when it is too hot
- ☐ I cannot travel outside when it is too cold
- ☐ I can't find my way at night because of vision problem
- ☐ I get confused and cannot find my way
- ☐ I probably could with instruction
- ☐ other (describe) _____

10. Using a mobility aid or on your own, how far can you travel?

- ☐ I cannot travel outside my house or apartment
- ☐ I can get to the curb cut in front of my house/apartment
- ☐ I can travel up to four blocks
- ☐ I can travel more than four blocks

11. Can you wait for an accessible, fixed-route city bus at a bus stop?

- ☐ no (explain) _____
- ☐ yes, but only if the stop has a bench and/or shelter
- ☐ yes, but only up to _____ minutes

12. Can you get on and off an accessible, fixed-route city bus? (Note: StarTran fixed-route buses now have wheelchair lifts and a "kneeler" which lowers the height of the steps. Passengers who find the steps to be too high may enter and exit the bus by standing on the lift.)

- ☐ yes
- ☐ no
- ☐ sometimes
- ☐ I don't know because I have never tried

If no or sometimes, please check all that apply.

- ☐ I don't want to use the lift (explain) _____
- ☐ I probably could with instruction
- ☐ other (describe) _____

13. If you are able to get on and off an accessible, fixed-route city bus, do you know where to get off the bus or can you find out by yourself?

- ☐ yes
- ☐ no
- ☐ sometimes
- ☐ I don't know because I have never tried

Please check all that apply.

- ☐ I get confused and can't remember where I am going
- ☐ I can if the driver calls out the stop
- ☐ I probably could with training
- ☐ other (describe) _____

14. Are there any conditions which limit your ability to use the accessible, fixed-route city bus service?

- ☐ no
- ☐ yes (please describe very specifically) _____
- _____

Travel training is personal one-on-one instruction that teaches an individual how to use the accessible, fixed-route city bus service.

15. Have you ever had any personal instruction to use the accessible, fixed-route city buses?

- ☐ no
- ☐ yes, I received personal instruction through an agency (name) _____
- ☐ yes, I received personal instruction from a friend/relative

Indicate all of the skills you learned.

- ☐ to travel to and from bus stops
- ☐ to cross streets
- ☐ to ride on specific routes (please list the routes) _____
- ☐ reading bus schedules and planning trips
- ☐ other (describe) _____

Did you complete the above described instruction?

- ☐ yes
- ☐ no

16. StarTran offers free travel training to anyone interested in learning how to ride the accessible, fixed-route buses. Would you be interested in getting information about this service?

- ☐ yes
- ☐ no

Please have this page completed before returning your application. Any one of the professionals listed may sign the application. If this page is not signed by professional, the application will be returned to you which will delay the eligibility determination process.

PROFESSIONAL VERIFICATION FORM

Please check one:

- | | |
|--|---|
| <input type="checkbox"/> vocational rehabilitation counselor | <input type="checkbox"/> psychiatrist |
| <input type="checkbox"/> speech pathologist | <input type="checkbox"/> physician's assistant |
| <input type="checkbox"/> special education teacher | <input type="checkbox"/> physician |
| <input type="checkbox"/> social worker/case worker | <input type="checkbox"/> physical therapist |
| <input type="checkbox"/> senior program director | <input type="checkbox"/> occupational therapist |
| <input type="checkbox"/> respiratory therapist | <input type="checkbox"/> nurse practitioner |
| <input type="checkbox"/> mental health counselor | <input type="checkbox"/> nurse |
| <input type="checkbox"/> psychologist | <input type="checkbox"/> chiropractor |
| <input type="checkbox"/> recreation therapist employed by a medical facility | |

The Americans with Disabilities Act of 1990 (ADA) is a civil rights bill which requires public transit agencies to provide paratransit service to people whose disabilities prevent them from using accessible, fixed-route bus service some or all of the time. People may be eligible for the paratransit service if, BECAUSE OF A DISABILITY, they

1. require a lift-equipped trip and the bus does not have a lift
2. are unable to independently get to and from a bus stop or on or off an accessible bus, or
3. are unable to understand how to complete a bus trip

The information you provide will enable us to make an appropriate determination for this applicant. Professional verification is used to verify the applicant's responses on the application. The professional may be contacted for further information regarding the responses.

All information will be kept confidential. Thank you for your assistance.

Applicant's name: _____

Medical diagnosis, physical, or cognitive condition which prevents the application from riding an accessible, lift-equipped, fixed-route city bus: _____

Is the condition temporary? _____ If yes, for how long? _____

Exceptions/additions _____

I certify that the information contained in this application is true and correct to the best of my knowledge and ability.

Signature: _____ Date: _____ Print

Name: _____ Phone: _____

Clinic/Agency: _____

Address: _____ City/State/Zip: _____